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Under the Paperwork Re	quired to	respond to a collection of information unless it displays a valid OMB control number						
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Complete if Known Application Number 10/573,262-Conf. #3029				
						December 4, 2006		
FEE TRANSMITTAL						Hisashi KOGA		
For FY 2008						J. M. Lockard		
Applicant claims small entity status. See 37 CFR 1.27						1647		
<u> </u>			ART OTHE		1600-0119PUS1			
TOTAL AMOUNT OF PAYMENT (\$) 120.00				Attorney Docket	NQ.			
METHOD OF PAYM	ENT (check all	that apply)						
Check Credi	t Card	Money Order	Noi	ne Other	(please identii	ŷ):		
x Deposit Account	Deposit Account Nun	nber: 02-	2448	Deposit	Account Name	e: Birch, Stewa	rt, Kolasch &	Birch, LLP
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
	y additional fee er 37 CFR 1.16	(s) or underpay	ments o	f X Credit	any overp	ayments		
FEE CALCULATION		und 1.17						
1. BASIC FILING, SEAR			ES					
	FILIN	NG FEES Small Entity	ŞE	ARCH FEES Small Entity	EXAMIN	NATION FEES Small Entity	3	
Application Type	Fee (\$)	Fee (\$)	Fee (\$		Fee (\$)	Fee (\$)	Fees	Paid (\$)
Utility	310	155	510	255	210	105		
Design	210	105	100	50	130	65		
Plant	210	105	310	155	160	80		
Reissue	310	155	510	255	620	310		
Provisional	210	105	0	0	0	0		
2. EXCESS CLAIM FEE	\$						F (#)	Small Entity
Fee Description Each claim over 20 (including Reissues)							<u>Fee (\$)</u> 50	Fee (\$) 25
Each independent claim over 3 (including Reissues)							210	105
Multiple dependent clair	ms						370	185
			Paid (\$) Mul			Itiple Dependent Claims		
30 - 30 = HP = highest number of total	A Lefainse paid for if a	region than 20			<u>Fe</u>	e (\$)	Fee Paid (	<u>5)</u>
_			Foo I	Paid (\$)				_
3 -4 =	x	Fee (\$) =	1001	210 (4)				
HP = highest number of inde	pendent claims pa	id for, if greater tha	n 3.					
3. APPLICATION SIZE	FEE							
If the specification and								
listings under 37 CF sheets or fraction th						ntity) for each a	additional 5	50
Total Sheets	Extra Sheets			dditional 50 or fra		f <u>Fee (\$)</u>	Fee	Paid (\$)
				(round up to a wh			=	7 415 (4)
4. OTHER FEE(S)					•		Fees	Paid (\$)
Non-English Specific	cation, \$130 fo	ee (no small en	tity disc	ount)				
Other (e.g., late filing surcharge): 1251 Extension for response within first month							1	20.00
SUBMITTED BY	- d	<i>.</i>						
Signature	yann F			Registration No. (Attorney/Agent)	28,977	Telephone	(703) 20	05-8000
Name (Print/Type) Gerald II. Murphy, Jr.						Date	JN 30	2008
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